

DATA MATION

35 Mason Street
Greenwich, Conn. 06830



3199593
T H NELSON
BOX 1546
POUGHKEEPSIE NY 12603

8001
02
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7C 107

NO STAMP OR ENVELOPE NECESSARY
This flap is gummed. Just Fold, Seal and Mail

DATAMATION

P. O. BOX 2000

GREENWICH, CONN. 06830

CONTROLLED CIRCULATION REVERIFICATION FORM

Pub	Trans
< 8	

ALL INFORMATION BELOW
MUST BE PRINTED

First Name Last Name		
Company Name		
Company Street Address (16)		
City	State	Zip Code

IMPORTANT: This form must be completed and returned within 60 days in order to comply with circulation audit regulations and to assure uninterrupted circulation service to you. IF THE LABEL BELOW IS CORRECT — merely fill in questions 3 thru 10. IF LABEL IS INCORRECT — please re-enter ALL information requested on the form. This form is self mailing for return.

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7D 107

The above is () Home () Company Address.

1. I want to receive **DATAMATION**: ☐ Yes ☐ No
2. The principal product or service of my organization at this location is _____
3. At this location **MY ORGANIZATION** (check all that apply)
- (46) ☐ 1. Manufactures computing, data processing or automatic information handling equipment or supplies
- ☐ 2. USES computing, data processing or automatic information handling equipment.
- ☐ 3. Contemplates installation of computing, data processing or automatic information handling equipment.
- ☐ 4. Uses an outside service for computing, data processing or information handling needs.
- ☐ 5. Provides computing or software services or consulting services to data processing users or manufacturers.
4. Please check below the **ONE** category which most closely applies to your **PERSONAL** area of activity in the EDP field
- (47) ☐ 1. My primary area of activity is with the MANUFACTURE or design of computing or data processing equipment.
- ☐ 2. My primary area of activity is with the USE of computing or data processing equipment.
5. My personal job function is (check the **ONE** which most applies)
- | | | |
|---|--|--|
| (22) <input type="checkbox"/> (46) Machine or computer operator | <input type="checkbox"/> (41) Design/production engineer | <input type="checkbox"/> (23) Tech. dir. of R/D |
| <input type="checkbox"/> (90) Sales engineer | <input type="checkbox"/> (40) Systems engineer | <input type="checkbox"/> (22) Chief accountant |
| <input type="checkbox"/> (26) Marketing manager/director | <input type="checkbox"/> (34) Mem. of Tech. Staff/group leader | <input type="checkbox"/> (21) Plant or production mgr. |
| <input type="checkbox"/> (16) VP sales or sales manager | <input type="checkbox"/> (33) Chief/lead/senior mathematician | <input type="checkbox"/> (27) Dir. of purchasing |
| <input type="checkbox"/> (44) Mathematician | <input type="checkbox"/> (32) Chief/lead/senior programmer | <input type="checkbox"/> (20) Dir/mgr/head/chief of EDP |
| <input type="checkbox"/> (45) Programmer | <input type="checkbox"/> (36) Senior system analyst | <input type="checkbox"/> (15) VP-production |
| <input type="checkbox"/> (43) Analyst/systems analyst | <input type="checkbox"/> (31) Supervisor of analysis | <input type="checkbox"/> (14) VP-operations or finance |
| <input type="checkbox"/> (51) Educational: instruct EDP | <input type="checkbox"/> (30) Supervisor of equipment | <input type="checkbox"/> (13) VP of R/D or engineering |
| <input type="checkbox"/> (52) Educational: use EDP equipment | <input type="checkbox"/> (25) Syst. & procedure mgr/dir/sup. | <input type="checkbox"/> (12) Comptroller/treasurer |
| <input type="checkbox"/> (50) Consultant | <input type="checkbox"/> (24) Director/manager of programming | <input type="checkbox"/> (11) Vice pres. or general mgr. |
| <input type="checkbox"/> (42) Maintenance engineer | | <input type="checkbox"/> (10) President or owner |

If your function is other than the above, please explain (22-90) _____

6. At this company location, I do have on site
- (50) ☐ 1. Computer
- ☐ 2. Data terminal
- ☐ 4. Tab. equipment
- ☐ 0. None of these
7. I belong to the following professional groups
- (43) ☐ 1. ACM
- ☐ 2. DPMA
- ☐ 4. IEEE
- ☐ 8. Share/guide user group
- ☐ 16. Other group _____
- ☐ 0. None of these

8. ☐ I DO ₄₉₋₁ recommend, approve, or specify the purchase of EDP services and equipment ☐ for my company ₄₉₋₃
- ☐ I DO NOT ₄₉₋₂ ☐ other companies ₄₉₋₄

9. If you do influence purchase of EDP equipment, please check items below you influence.
- (51) ☐ 1. Computer installation
- ☐ 2. Peripheral equip.
- ☐ 4. Expendables
- (52) ☐ 4. Data comm. equip.
- ☐ 1. Components & subsyst.
- ☐ 2. Software or consulting services
10. My educational background includes
- (45) ☐ 1. No college degree
- ☐ 2. Bachelor degree
- ☐ 3. Master degree
- ☐ 4. Doctorate degree

PLEASE SIGN BELOW AND FILL IN YOUR TITLE AND DATE

Thank you

Signed _____ Title _____ Date _____

•16•	•17• 01	•19• 02	•22•	•23•	•24•	•29•	•41•	•43•	•45•
•46•	•47•	•49•	•50•	•51•	•52•	>			